

ALLEN v. USA

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<p style="text-align: right;">Page 160</p> <p>1 before, a patient who has been diagnosed with a 2 subarachnoid bleed, they might be in the emergency 3 department for -- for some period of time while 4 you're transferring their care. Is that correct?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. And so you would -- you wouldn't -- 7 let me ask this: Would it be below the standard of 8 care for you to say, to a patient who's been 9 diagnosed with a subarachnoid bleed who's under your 10 care, that it's okay to lift heavy objects?</p> <p>11 A. Right. I wouldn't tell them that.</p> <p>12 Q. And why would that be?</p> <p>13 A. It would be because it would be my 14 suspicion that it wouldn't be a good idea. I'm not 15 sure there's a medical study that's ever been done, 16 is why I say it that way, but it -- it wouldn't pass 17 the commonsense test to tell people to do that.</p> <p>18 Q. Okay. And you wouldn't actually send them 19 out to go walking around the street and go shopping?</p> <p>20 A. I would not do that.</p> <p>21 Q. Okay. And that would be below the standard 22 of care, wouldn't it?</p> <p>23 A. In that setting, where one had been 24 diagnosed, it definitely would.</p> <p>25 Q. Okay. Now, I'm sorry. It's getting so --</p>	<p style="text-align: right;">Page 162</p> <p>1 Mannitol. I mean, is there a study somewhere in the 2 medical literature that shows that Mannitol improves 3 outcome from a ruptured subarachnoid hemorrhage? I'm 4 not sure there is.</p> <p>5 Subarach- -- and in terms of temporizing, it 6 may temporize briefly, which may allow more room for 7 arterial bleeding to occur, but it doesn't 8 fundamentally change anything.</p> <p>9 In fact, repeated doses of Mannitol actually 10 make Intracranial pressure higher. So you have only 11 got the small window of time to give Mannitol. And 12 then all the other things that are mentioned.</p> <p>13 Well, head of bed elevated. Neurolit- -- 14 neurosurgical literature shows that really doesn't 15 make a difference in terms of intracranial pressure. 16 The use of blood pressure control. Well, there's a 17 huge variation on how you treat that. Some people 18 would induce hypertension with hemodilution. Other 19 people might lower the blood pressure.</p> <p>20 Again, what -- what is the effect on outcome 21 of those things? I mean, those have never been shown 22 to improve outcome in this setting.</p> <p>23 So what's to say when a person has a huge 24 bleed in Anchorage that he's going to do well? Who's 25 going to take care of him? Are we going to transfer</p>
<p style="text-align: right;">Page 161</p> <p>1 It's getting sort of late, so I want to try to wrap 2 this up. But I do want to ask you about your time 3 line. And -- and quickly, here -- here's what 4 I'm -- here's what my question is about your time 5 line. I don't -- I don't have -- I certainly don't 6 have a reason to question your conservative time 7 line in terms of how soon this patient would be 8 transported to Seattle if, in fact, that was -- if 9 there was a decision to transport the -- the patient 10 to Seattle.</p> <p>11 What I'm trying to understand is your 12 qualifications for -- for saying that this patient 13 wouldn't be a candidate to be transferred to Seattle, 14 that, in fact, there's no way this patient could have 15 survived the subarachnoid bleed, that there would be 16 no way, had he been diagnosed the morning of April 19, 17 2003, that he would have survived. I don't understand 18 that.</p> <p>19 A. Okay. Based on the outcome, for one, 20 because his outcome was that he didn't survive.</p> <p>21 Number two, I don't think there's anything 22 that would have -- I look at it from the standpoint: 23 What would have been done that would have changed the 24 outcome?</p> <p>25 So there's mention made of such things as</p>	<p style="text-align: right;">Page 163</p> <p>1 this patient in that setting or not? I mean, to get 2 a -- to get an accepting physician -- Anchorage 3 neurosurgeons are not going to operate on this person 4 at this setting.</p> <p>5 Q. No. And in fact, if you had a loved one 6 who had a bleed, a brain bleed, would you -- would 7 your preference be that they be treated at a place 8 like Harborview as opposed to a facility here in 9 Anchorage?</p> <p>10 A. Next question?</p> <p>11 Q. No. I -- I'm serious. If -- if you knew 12 someone who had brain bleed, someone you knew --</p> <p>13 A. Yeah.</p> <p>14 Q. -- wouldn't you -- wouldn't your preference 15 be that they be treated at a -- and I'm not -- I'm 16 not criticizing the care here. Let me -- let me be 17 clear about my question.</p> <p>18 Would it be fair to say that the University 19 Washington, Harborview, has a more -- well, compared 20 to what we have here, a state-of-art facility, in 21 terms of dealing with people with aneurysm and brain 22 bleeds?</p> <p>23 A. I guess it's getting late, Donna, but you 24 know, on the one hand, you won't let me be an expert 25 on the neurosurgical side, but you want me to make</p>

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